

1952

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. <u>201</u>	
County of <u>Graham</u>	District of <u>Thatcher</u>	ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>11</u>	City of <u>11</u>	Co. Register No. <u>191</u>	
(No. <u>11</u>)		Local Registrar's No. <u>191</u>	
FULL NAME OF CHILD		Born <input checked="" type="checkbox"/> YES	
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive <input checked="" type="checkbox"/> NO	
Sex of Child <u>Female</u>	Twin, Triplet or other <input checked="" type="checkbox"/>	and <input checked="" type="checkbox"/>	Number in order of birth <u>1</u>
Legitimate? <u>Yes</u>	Date of Birth <u>7 26 1921</u>	(Month) (Day) (Yr.)	
FATHER		MOTHER	
Full Name <u>Fred Echols</u>	Full Maiden Name <u>Lillian Moody</u>		
Residence <u>Thatcher</u>	Residence <u>Thatcher</u>		
Color or Race <u>white</u>	Age at last Birthday <u>28</u>	Color or Race <u>white</u>	Age at last Birthday <u>19</u>
(Years)		(Years)	
Birthplace <u>Cal</u>	Birthplace <u>Ariz.</u>		
Occupation <u>Laborer</u>	Occupation <u>Housewife</u>		
Number of child of this mother <u>3</u>	Number of Children, of this mother, now living <u>3</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child; and that it occurred on <u>7/26</u> 19 <u>21</u> , at <u>2:30</u> A.M.			
{ *When there is no attending physician or midwife, then the householder should make this return.		(Signature) <u>J. N. Stratton</u>	
Given or Christian name added from a supplemental report <u>191</u>		Address <u>Thatcher</u>	
052-726-348		Alma Burns	
COUNTY REGISTRAR.		LOCAL REGISTRAR.	
Filed <u>8-5</u> 19 <u>21</u>		A True Copy	
Filed <u>8-9</u> 19 <u>21</u>		J. N. Stratton	
		COUNTY REGISTRAR.	